



SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

June 27, 2007

Dear Interested Parties:

**MMIS SCOPE OF WORK DEVELOPMENT PROGRAM REQUEST FOR PROPOSAL (RFP) 07-65484
ADMINISTRATIVE BULLETIN 4, ADDENDUM 4.**

Administrative Bulletin Number 4, Addendum 4 issued by the California Department of Health Services (CDHS), Office of Medi-Cal Procurement (OMCP), announces information to the Request for Proposal (RFP) for the MMIS Scope of Work Development. CDHS provides clarification to interested parties of the following:

- Cost Proposal form submission directions are located On Page 11 of the RFP, please refer to Section J 2.a.2 which lists specific instructions regarding how the Cost Proposal should be submitted.
- Cost Proposal Forms packaging requirements should be submitted separately and not included within the Narrative Proposal.
- Please note that there was a typing error on page 20 Section J; subsection 3.i Appendix Section; paragraph 8 item c; the RFP states "Place Attachment 13 and any accompanying documentation in the Appendix Section of the proposal." And should read **"Place Attachment 12 and any accompanying documentation in the Appendix Section of the proposal."**
- Corrections have been made to Attachment 2, Certification Checklist and are enclosed. Specific areas that are not applicable to the RFP have been deleted from the attachment.
- Any Proposers who believe that there is a possible Conflict of Interest are asked to submit a Conflict of Interest Compliance Certificate and identify what might be a possible conflict and demonstrate a plan to mitigate any risk that would lead to an actual conflict.

ONLINE AND CD VERSION

To update the RFP, use the instructions in the following chart. Any changes made to the RFP are published as replacement pages in the RFP.

REMOVE EXISTING PAGES	REPLACEMENT PAGES
RFP Main text, Section J; subsection 3.i Appendix Section; paragraph 8 item c page 20.	Replace RFP Main text, Section J; subsection 3.i Appendix Section; paragraph 8 item c with the attached page 20. Correction “Place Attachment 12 and any accompanying documentation in the Appendix Section of the proposal.”
Attachment 2 Pages 1-3 Certification Checklist	Replace Attachment 2 Pages 1-3 Certification Checklist with the corrected Attachment 2 pages 1-3. Corrections include deletion of Facilities and Resource Section from Technical Proposal format and content on page 1; in the Cost Section, reference to Attachment 11 has been added for the Cost Proposal form; and the remainder of the rows under the Cost Section are deleted because they are not applicable (Budget Detail Sheets and Subcontractor Budgets); and within the Form Section the last two rows referencing Attachment 11 Target Area Contract Preference Act Request (TACPA) and Attachment 12, Enterprise Zone Act (EZA) are deleted and not applicable to this project.

Prospective Proposers have five (5) working days from the issue of this transmittal to the postmark date of the proposers' response to submit any objections to the Addendum to the address below:

RFP 07-65484
Attn: Michele DeGuzman
CA Department of Health Services
Office of Medi-Cal Procurement, Mail Station 4200
MMIS SOW
P.O. Box 997413
Sacramento, CA 95899-7413
E-Mail: omcprfp5@dhcs.ca.gov

Sincerely,

Original signed by *Donna Martinez*

Donna Martinez, Chief
Office of Medi-Cal Procurement

Enclosure

6) **Subcontractor/Consultant Resumes**

Submit a resume for each pre-identified subcontractor or independent consultant, if any, as discussed in the Project Personnel Section. To the extent possible, resumes should not exceed 1-2 pages in length per person and should not include personal information such as a social security number, home address, home telephone number, home email address, marital status, sex, birth date, age, etc.

7) **Subcontractor/Consultant Letters of Agreement**

For each pre-identified subcontractor and independent consultant that will be used to perform services under the resulting contract, submit a letter of agreement to work on this project.

A letter of agreement must be signed by an official representative of each subcontracted firm or independent consultant, indicating his or her acknowledgement of being named as a subcontractor or consultant, their availability to work on this project and acknowledgement that they have read or been made aware of the proposed contract terms, conditions and exhibits. Include an explanation if a letter of agreement cannot be obtained from each pre-identified subcontractor and consultant and indicate when a letter of agreement will be forthcoming.

8) **Conflict of Interest Compliance Certificate**

- a) Any firm that intends to submit a proposal is required to submit **Attachment 12** certifying that the proposing firm:
 - i. Is not currently involved with or connected to any Contractor or subcontractor (including independent consultant) that is contracted with any Medi-Cal Managed care health plan, provider, or billing agent for Medi-Cal Services, and;
 - ii. Understands that the conflict of interest requirements shall remain in effect for the entire term of the resulting agreement.
- b) If a conflict of interest is determined to exist that cannot be resolved to the satisfaction of CDHS before the award of the contract, the conflict will be grounds for deeming a proposal non-responsive.
- c) Proposers must assess their own situation according to the Conflict of Interest Compliance Certification information in **Attachment 12**. Complete, sign, and attach any required documentation according to the instructions on the attachment. **Place Attachment 12 and any accompanying documentation in the Appendix Section of the proposal.**

j. Forms Section

Complete, sign, and include the forms/attachments listed below. When completing the attachments, follow the instructions in this section and any instructions appearing on the attachment. After completing and signing the applicable attachments, assemble them in the order shown below.

Required Attachment / Certification Checklist

Qualification Requirements. I certify that my firm meets the following requirements:		Confirmed by CDHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm possesses at least three consecutive years of experience of the various service types listed in Item 1 of the RFP section entitled, "Qualification Requirements". That experience occurred within the past five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has read and is willing to comply with the terms, conditions and contract exhibits addressed in the RFP section entitled, "Contract Terms and Conditions".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporations) My firm is in good standing and qualified to conduct business in California. [Check "N/A" if not a Corporation.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Nonprofit Organizations) My firm is qualified to claim nonprofit status. [Check "N/A" if not a nonprofit organization.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has a past record of sound business integrity and a history of being responsive to past contractual obligations. My firm authorizes the State to confirm this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	[Conditional – Retain this row only if Item 6 from the model Qualification Requirements Section was included in the RFP.] My firm is financially stable and solvent and has adequate cash reserves to meet all financial obligations while awaiting reimbursement from the State.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm has certified via Attachment 8 that its proposal response is not in violation of Public Contract Code Section 10365.5 and has, if applicable, identified previous State consultant services contracts entered into that were related in any manner to the services, goods, or supplies being acquired in this procurement.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	[Conditional – Delete this row only if CMU issues a DVBE waiver before the RFP is released and Item 8 from the model Qualification Requirements Section was excluded from the RFP.] My firm has complied with the DVBE actual participation and/or good faith effort requirements as instructed in the DVBE Instructions / Forms (Attachment 9). [Check "N/A" if the total bid price is under \$10,000.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	[Conditional – Retain this row only if Item 9 from the model Qualification Requirements Section was included in the RFP.] My firm will supply, before contract execution, proof of self-insurance or copies of insurance certificates proving possession of general liability and/or automobile liability insurance as stipulated in Item 9 of the RFP section entitled, "Qualification Requirements".	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	[Conditional - Retain this row only if Item 10 from the model Qualification Requirements Section was included in the RFP.] My firm will contain its indirect costs at a percentage rate not to exceed XX% of total [Enter cost basis e.g., "personnel costs, excluding benefits"].	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	[Conditional - Retain this row only if Item 11 from the model Qualification Requirements Section was included in the RFP.] My firm has no conflict of interest and has submitted the required certification and documentation necessary to prove this claim.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Technical Proposal format and content.		Confirmed by CDHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	My firm complied with the Technical Proposal format requirements and my firm submitted one original Technical Proposal and five (5) copies. My proposal is assembled in the following order:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Proposal Cover Page (Attachment 1)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Table of Contents	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Executive Summary Section consisting of 3 or fewer pages.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Agency Capability Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Work Plan Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Management Plan Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Project Personnel Section	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Facilities and Resources Section	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Required Attachment / Certification Checklist

Cost Section with the following documentation:		Confirmed by CDHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment <u>11</u> , Cost Proposal form. Form is signed. Corrections, if any, have been initialed. All cost figures have been double-checked for accuracy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment X, Budget Detail Work Sheet (Year 1).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment X, Subcontractor Budgets (Year 1). [Check "N/A" if all subcontractors were identified on the Budget Detail Work Sheet.] [Conditional-Delete this row if the referenced form is not included in the RFP.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment X, Budget Detail Work Sheet (Year 2).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment X, Subcontractor Budgets (Year 2). [Check "N/A" if all subcontractors were identified on the Budget Detail Work Sheet.] [Conditional-Delete this row if the referenced form is not included in the RFP.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment X, Budget Detail Work Sheet (Year 3).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment X, Subcontractor Budgets (Year 3). [Check "N/A" if all subcontractors were identified on the Budget Detail Work Sheet.] [Conditional-Delete this row if the referenced row is not included in the RFP.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Required cost justification and documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appendix Section with the following documentation:		Confirmed by CDHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Corporations) Attach either a copy of the Certificate of Status issued by California's Office of the Secretary of State or submit a copy of the bidding firm's <u>active</u> on-line status information downloaded from the California Business Portal website. Attach an explanation if the required documentation cannot be supplied. [Check "N/A" if not a Corporation.] [Modify this item only if the Appendix Section instructions were altered to require proposers to submit a copy of their Articles of Incorporation and/or Bylaws.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	(Nonprofit Organizations) A copy of an IRS determination letter proving eligibility to claim nonprofit and/or 501 (3) (c) tax exempt status. [Check "N/A" if not a nonprofit organization.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	An organization chart.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	[Conditional – Retain this row if Proposers were instructed to submit financial statements in the Appendix Section. Modify this item if audited statements are required.] Copies of financial statements for the past two years or most recent 24-month period (i.e., annual income statements and quarterly/annual balance sheets).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Resumes of the Proposer's professional staff (i.e., managers, supervisors, technical experts) that will play a major administrative, policy or consulting role in carrying out the project work.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Resumes for each pre-identified subcontractor or independent consultant, if any, that will serve a major role in performing the services. [Check "N/A" if no subcontractors or consultants will be used or if none has been pre-identified.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Letters of agreement, signed by each pre-identified subcontractor and independent consultant or applicable explanation. [Check "N/A" if no subcontractors or consultants will be used or if none has been pre-identified.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	[Conditional – Retain this row only if conflict of interest requirements appear in the Appendix Section of the RFP. Proof that no prohibited conflicts of interest exist via Attachment X with applicable documentation. [Cite attachment number if retained.]	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Required Attachment / Certification Checklist

Form Section with the following attachments / forms:		Confirmed by CDHS
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 2, Required Attachment / Certification Checklist	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 3, Business Information Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 4, Client References	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 5, RFP Clause Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 6, CCC 307 – Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 7, Payee Data Record. [Check “N/A” if the Proposer has had a prior contract with CDHS.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 8, Follow-on Consultant Contract Disclosure. Disclosure attachment is present when applicable.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 9a, Actual DVBE Participation, and DVBE certifications for each DVBE subcontractor or supplier listed. Complete this form according to the instructions in Attachment 9 if partial or a full 3% DVBE participation was attained. [Check “N/A” if zero participation was achieved and the Proposer chose to complete the good faith effort form or check “N/A” if the proposed cost for the entire contract term is under \$10,000.] [Conditional - Delete this row only if CMU waives DVBE participation requirements before the RFP is released.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 9b, Good Faith Effort, and applicable GFE documentation. Complete this form if 3% DVBE participation was not attained. [Check “N/A” if 3% DVBE participation was achieved and Attachment 9a was submitted or check “N/A” if the total proposed cost is under \$10,000.] [Conditional - Delete this row, only if CMU waives DVBE participation requirements before the RFP is released.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 10a, Non-Small Business Subcontractor Preference Request and Attachment 10b, Small Business Subcontractor/Supplier Acknowledgement Check “N/A” if not applying for this subcontractor preference.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 11, Target Area Contract Preference Act Request. [Check “N/A” if not applying for TACPA preference.] [Conditional – Delete this row if the TACPA form is not listed in the Forms Section.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> N/A	Attachment 12, Enterprise Zone Act (EZA) Preference Request. [Check “N/A” if not applying for EZA preference.] [Conditional – Delete this row if the EZA form is not listed in the Forms Section.]	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Bidding Firm:		
Printed Name/Title:		
Signature		Date: